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APPLICATION NO./ CONTROL NO.	FILING DATE	FIRST NAMED INVENTOR / PATENT IN REEXAMINATION	ATTORNEY DOCKET NO.
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**EXAMINER**

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ART UNIT	PAPER
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2445

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DATE MAILED:

**Please find below and/or attached an Office communication concerning this application or proceeding.**

**Commissioner for Patents**

It should be correct to have the claim dependency on a higher independent claim.

Thanks

/ADNAN MIRZA/  
Examiner, Art Unit 2445